U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

Fo	r Official Use Only S Rec'd
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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

<u> </u>			
1 File Number U - 8987	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name Raymond Price III	Name International Union of Painters & Allied Trade		
	Labor Organization File Number 000-035		
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 1750 New York Avenue, N W	Street 1750 New York Avenue, N W		
City Washington	City Washington		
State District of Columbia ZIP Code + 4 20006-5301	State District of Columbia ZIP Code + 4 20006-5301		
5 Position in labor organization General Vice President			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including tra	ade name, if any)	7 a Nature of Interest, Transaction, or Income
Name		
Trade Name, if any		
P O Box, Bldg , Room No If any		
		7 b Amount
Street		
City		
State	ZIP Code + 4	

## Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )

Signed	Clery	man)	36%	ai PR	<b>-</b>
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on \$ 15/05

262 637-07**5**0 Telephone Number

Name of Person Filing Raymond Price III	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name	a Labor Organization	
Trade Name, if any	b Trust	
P O Box, Bldg , Room No , if any	c Employe	
Street		
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Trade Name If any		
PO Box, Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		
	12 b Amount	
	12 0 Allount	
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment Christmas Gift Basket, \$80, plus tax	
Name Finishing Contractors Association	Christmas Girt Basket, 300, pius tax	
Trade Name, if any		
PO Box Bldg , Room No , If any Suite 1210		
Street 8150 Leesburg Pike		
City Vienna		
State Virginia ZIP Code +4 22182		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment \$83	

Ţ	Name of Person Filing Raymond Price	File Number U-	
7	B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
	8 Name and address of Business (including trade name, if any)	9 Business deals with	
	Name IUPAT Joint Apprenticeship Training Fund	a Labor Organiza	tion
	Trade Name, if any P O Box, Bldg , Room No , if any	☐ b Trust	
	Street 1750 New York Avenue, NW	c Employer	
	City Washington		
	State District of Columbia ZIP Code + 4 20006		
	10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ng
	Name	Affiliated Pension costs	Fund - dealing consists of shared
	Trade Name, if any		
	P O Box, Bldg , Room No , if any		
	Street	11 b Approximate dollar valu	ie of such dealing \$271,319
	City	12 a Nature of interest held	· · ·
	State ZIP Code + 4	2/5/04, meal, 35 2 2/5/04, meal, 238 2/6/04, meal, 32 4 2/6/04, meal, 31 5 2/7/04, meal, 28 7 2/7/04, meal, 41 2 2/7/04, meal, 58 5	40 2 8 3 0
		12 b Amount	\$466
4.4	C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
İ	13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
	Name		
	Trade Name, if any		
	P O Box, Bldg , Room No , if any		
	Street		
	City		
	State ZIP Code + 4		
	13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	

Ì	Name of Person Filing Raymond Price		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			5
	8 Name and address of Business (including trade name if any)  Name IUPAT Labor Management Cooperation Initiativ  Trade Name, if any  P O Box, Bldg, Room No, if any  Street 1750 New York Avenue, NW  City Washington  State District of Columbia ZIP Code + 4 20005	9 Business deals with    X	
	10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bidg , Room No , if any	costs Filer is a Trustee	Fund - dealing consists of shared
	Street  City  State ZIP Code + 4	11 b Approximate dollar value 12 a Nature of interest held 6/18/04, Hotel, L4 2/1/04, meal, 17 L 2/2/04, meal, 41 2 2/2/04, meal, 129 2/3/04, meal, 35 0	d or income received 169 25 8/12/04, meal, 72 34 168 8/16/04, meal, 127 91 12 9/10/04, meal, 51 90 16 9/10/04, Hotel, 441 75
[	C Received from any employer (other than an employer covered unde		
-	or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name	or other thing of value  14 a Nature of payment	
	Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4		
-	13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

Name of Person Filing Raymond Price	File Number U-
B Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name IUPAT Labor Management Cooperation Initiativ	a Labor Organization
Trade Name, if any	b Trust
P O Box, Bldg , Room No , if any	c Employei
Street 1750 New York Avenue, NW	
City Washington	
State District of Columbia ZIP Code + 4 20006	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Affiliated Pension Fund - dealing Consists of shared costs
Trade Name, if any	Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund
PO Box, Bldg , Room No , if any	
Street	11 b Approximate dollar value of such dealing \$226,441
City	12 a Nature of interest held or income received
State ZIP Code + 4	12/17/04, Xmas gift, 61 95
	12 h Amaria
	12 b Amount \$62
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b 1s the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing Raymond Price	File Number U-
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name IUPAT Industry Pension Fund	a Labor Organization
Trade Name, if any	b Trust
P O Box, Bldg , Room No , if any	c Employer
Street 1750 New York Avenue, NW	
City Washington	
State District of Columbia ZIP Code + 4 20006	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Affiliated Pension Fund - dealing consists of shared costs
Trade Name if any	Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund
P O Box, Bldg , Room No , if any	
Street	11 b Approximate dollar value of such dealing \$839,191
City	12 a Nature of interest held or income received
State ZIP Code + 4	1/27/04 meal, \$52 47 9/14/04 meal, 65 26 3/28/04 meal, 95 84 3/29/04 meal, 115 48 9/12/04 meal, 57 14 11/3/04 meal, 213 75 9/11/04 meal, 107 21 6/15/04 meal, 68 63
	12 b Amount \$776
C Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mono	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

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File Number U-Name of Person Filing Raymond Price B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name IUPAT Industry Pension Fund a Labor Organization Trade Name, if any b Trust P O Box Bldg, Room No, if any c Employer Street 1750 New York Avenue, NW Washington City State District of Columbia ZIP Code + 4 20006 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Affiliated Pension Fund - dealing consists of shared Name costs All payments are in connection Filer is a Trustee Trade Name, if any with expenses incurred on behalf of the fund P O Box, Bldg, Room No, if any Street 11 b Approximate dollar value of such dealing \$839,191 City 12 a. Nature of interest held or income received Paid directly to hotel(s) for meals ZIP Code + 4 State 1/27/04 meal, 16/ 17 9/13/04 meal, 71 34 \$239 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any PO Box, Bldg, Room No, if any Street City State ZIP Code + 4 14 b Amount of payment 13 b Is the Business an Employer or Consultant ?

Name of Person Filing Raymond Price	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name IUPAT Industry Pension Fund  Trade Name, if any P O Box, Bidg, Room No, if any  Street 1750 New York Avenue, NW	a Labor Organization  b Trust  c Employer	
City Washington  State District of Columbia ZIP Code + 4 20006		
10 If 9 b or 9 c is checked give trust or employer's name  Name	11 a Nature of such dealing  Affiliated Pension Fund - dealing consists of shared costs	
Trade Name, if any P O Box, Bldg , Room No , if any	Filer is a Trustee All payments are in connection with expenses incurred on behalf of the fund	
Street City	11 b Approximate dollar value of such dealing \$839,191  12 a Nature of interest held or income received	
State ZIP Code + 4	Paid directly to hotel(s) for lodging  1/26-1/30/04, 5 nights, 2358 75  9/13-9/14/04, 2 nights, 341 00	
	12 b Amount \$2,700	
C Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of mo	under parts A and B above) oney or other thing of value	
Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name	14 a Nature of payment	
Trade Name, if any P O Box, Bldg , Room No , if any		
Street City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.